FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-1-95

FLORIDA DEPARTMENT OF STATE
S-6973
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:58

DOCUMENT # L54750 (9)

1. Corporation Name

ANGEL INVESTMENTS, INC.

Principal Place of Business	Mailing Address
C/O PROFESSIONAL ACCOUNTING SERVICES P O BOX 574842 ORLANDO FL 32857-1842	C/O PROFESSIONAL ACCOUNTING SERVICES P O BOX 574842 ORLANDO FL 32857-1842

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990	3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2999127	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~CUARTAS, ALFONSO~~
C/O PROFESSIONAL ACCOUNTING SERVICES
1320 N SEMORAN BLVD
ORLANDO, 32807

10. Name and Address of New Registered Agent

01 Name: Juan Carlos Chavarriaga O.
02 Street Address (P.O. Box Number is Not Acceptable):
03
04 City: FL 05 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Alfonso Cuartas 04.24.95 03.16.95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1 1 TITLE	~~Pres. Dir.~~ ☐ Change ☐ Addition
NAME	~~CUARTAS, ALFONSO~~	1 2 NAME	~~Juan C. Chavarriaga~~
STREET ADDRESS	~~1600 ASTER DR~~	1 3 STREET ADDRESS	~~P.O. Box 574842~~
CITY · ST · ZIP	~~WINTER PARK FL~~	1 4 CITY · ST · ZIP	~~Orlando, FL. 32857-1842~~
TITLE		2 1 TITLE	Pres. Dir. ☐ Change ☐ Addition
NAME		2 2 NAME	Juan C. Chavarriaga
STREET ADDRESS		2 3 STREET ADDRESS	1600 Aster Dr.
CITY · ST · ZIP		2 4 CITY · ST · ZIP	Winter Park, FL 32792
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY · ST · ZIP		3 4 CITY · ST · ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY · ST · ZIP		4 4 CITY · ST · ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	REMITTED BY MAY 1
CITY · ST · ZIP		5 4 CITY · ST · ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY · ST · ZIP		6 4 CITY · ST · ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Alfonso Cuartas 03-14-95 407-781-4432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Alfonso Cuartas P. Solano.

0418937 FP